

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588424

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21			1		1	
22						
23						
24						
25						
26						
27						
28						
29						
30						
31			10			
32			10			
33			10			
34			10			
35			10			
36			10			
37			10			
38			10			
39			10			
40			10			
41			10			
42			10			
43			1			
44						
45						
46						
47						
48						
49			2			
50			2			
TOTAL IND.		↓	2	↓	2	↓
TOTAL DEP.		←	267	←	70	←
TOTAL CLAIMS			269		72	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				2		1
52				2		1
53				1		1
54				1		1
55				1		1
56				1		1
57				2		1
58				2		1
59				2		1
60				2		1
61				1		1
62				1		1
63				1		1
64				1		1
65				1		1
66				1		1
67				1		1
68				1		1
69				1		1
70				1		1
71				1		1
72				1		1
73				1		1
74				1		1
75				1		1
76				1		1
77				1		1
78				1		1
79				1		1
80				1		1
81				1		1
82				1		1
83				1		1
84				1		1
85				1		1
86				1		1
87				1		1
88				1		1
89				1		1
90				1		1
91				1		1
92				1		1
93				1		1
94				1		1
95				1		1
96				1		1
97				1		1
98				1		1
99				1		1
100				1		1
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						